

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9							59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22		1					72			
23	1						73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37	1						87			
38		1					88			
39		1					89			
40	1						90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5		↓			↓				
TOTAL DEP.	40	←	↓	←	↓	←				
TOTAL CLAIMS	45									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS